County: Dane FOUR WINDS MANOR 303 SOUTH JEFFERSON

VERONA 53593 Phone: (608) 845-6465 Operated from 1/1 To 12/31 Days of Operation: 365 Operate in Conjunction with Hospital? No Number of Beds Set Up and Staffed (12/31/01): 68 Total Licensed Bed Capacity (12/31/01): 71 Number of Residents on 12/31/01:

56

Ownershi p: Highest Level License: Operate in Conjunction with CBRF? Title 18 (Medicare) Certified? Title 19 (Medicaid) Certified? Average Daily Census: **************************

Skilled Yes Yes Yes 60

Corporati on

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	31/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	26. 8
Supp. Home Care-Personal Care	No)	1 - 4 Years	48. 2
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	12. 5	More Than 4 Years	25. 0
Day Servi ces	No	Mental Illness (Org./Psy)	32. 1	65 - 74	7. 1		
Respite Care	No	Mental Illness (Other)	7. 1	75 - 84	39. 3	•	100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	33. 9	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	1.8	95 & 0ver	7. 1	Full-Time Equivalen	t
Congregate Meals	No	Cancer	3.6	ĺ	j	Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	1.8		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	16. 1	65 & 0ver	87. 5		
Transportati on	No	Cerebrovascul ar	12. 5			RNs	11. 3
Referral Service	No	Di abetes	5.4	Sex	% j	LPNs	6. 1
Other Services	No	Respi ratory	5.4		·	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	14. 3	Male	28. 6	Aides, & Orderlies	32. 5
Mentally Ill	No	ĺ		Female	71.4		
Provide Day Programming for			100.0		j		
Developmentally Disabled	No	İ			100. 0		
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Method of Reimbursement

		ledicare itle 18			edicaid itle 19	=		0ther			Pri vate Pay			amily Care		1	Managed Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi- dents	
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0
Skilled Care	3	100.0	257	30	100.0	114	1	100.0	114	20	100.0	160	0	0.0	0	2	100.0	104	56	100. 0
Intermedi ate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	3	100.0		30	100.0		1	100.0		20	100.0		0	0.0		2	100.0		56	100. 0

FOUR WINDS MANOR

Nursing Care Required (Mean)

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Admissions, Discharges, and	Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01								
Deaths During Reporting Period		m . 1							
					eedi ng		Total		
Percent Admissions from:		Activities of	%		tance of	% Totally	Number of		
Private Home/No Home Health	1. 3	Daily Living (ADL)	Independent	One Or	Two Staff	Dependent	Resi dents		
Private Home/With Home Health	2. 7	Bathi ng	7. 1		71. 4	21. 4	56		
Other Nursing Homes	5.3	Dressing	7. 1		71. 4	21. 4	56		
Acute Care Hospitals	81.3	Transferring	19. 6		58. 9	21. 4	56		
Psych. HospMR/DD Facilities	0.0	Toilet Use	17. 9		58. 9	23. 2	56		
Reĥabilitation Hospitals	0.0	Eati ng	64. 3		25. 0	10. 7	56		
Other Locations	9. 3	*************	******	*******	*********	*******	******		
Total Number of Admissions	75	Conti nence		% S	pecial Treatmer	nts	%		
Percent Discharges To:		Indwelling Or Externa	al Catheter	3. 6	Receiving Resp	oi ratory Care	0. 0		
Private Home/No Home Health	2.4	Occ/Freq. Incontinent	of Bladder	51. 8	Receiving Trac	cheostomy Care	0. 0		
Private Home/With Home Health	28. 0	0cc/Freq. Incontinent	of Bowel	33. 9	Receiving Suct	t i oni ng	0. 0		
Other Nursing Homes	9.8	İ			Receiving Osto	omy Care	3. 6		
Acute Care Hospitals	8. 5	Mobility			Receiving Tube	e Feeding	3. 6		
Psych. HospMR/DD Facilities	0.0	Physically Restrained	l	14. 3		nanically Altered Die	ets 23.2		
Reĥabilitation Hospitals	0.0	<u>'</u>			O	3			
Other Locations	6. 1	Skin Care		(ther Resident (Characteri sti cs			
Deaths	45. 1	With Pressure Sores		5. 4	Have Advance I	Di recti ves	100. 0		
Total Number of Discharges		With Rashes		1.8 M	ledi cati ons				
(Including Deaths)	82	İ			Receiving Psyc	choactive Drugs	30. 4		
3		1			8 3				

Ownershi p: Bed Size: Li censure: 50-99 Skilled Al l Thi s Propri etary Facility Peer Group Peer Group Peer Group Facilities % Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 84. 5 82.7 1.02 85. 1 0.99 84.3 1.00 84. 6 1.00 Current Residents from In-County 96. 4 82. 1 1. 17 80.0 1. 21 82. 7 1.17 77. 0 1. 25 Admissions from In-County, Still Residing 18. 7 18.6 1.00 20.9 0.89 21.6 0.86 20.8 0.90 Admissions/Average Daily Census 125.0 178.7 0.70 144. 6 0.86 137. 9 0.91 128. 9 0.97 Discharges/Average Daily Census 136.7 179.9 0.76 144. 8 0.94 139.0 0.98 130.0 1.05 Discharges To Private Residence/Average Daily Census 41.7 76. 7 0.54 60. 4 0.69 55. 2 0.76 **52.8** 0.79 Residents Receiving Skilled Care 100 93.6 1.07 90. 5 1. 10 91.8 1.09 85. 3 1. 17 Residents Aged 65 and Older 87. 5 93.4 0.94 94. 7 0.92 92. 5 0.95 87. 5 1.00 Title 19 (Medicaid) Funded Residents 53.6 63. 4 0.85 58. 0 64.3 0.83 68. 7 0.78 0. 92 Private Pay Funded Residents 35.7 23.0 25.6 22. 0 1. 55 32. 0 1. 11 1.40 1.62 Developmentally Disabled Residents 0. 7 0.9 0.00 1. 2 7. 6 0.00 0.0 0.00 0.00 Mentally Ill Residents 39. 3 30. 1 1.31 33. 8 1. 16 37.4 1.05 33.8 1. 16 General Medical Service Residents 14.3 23. 3 0.61 18. 3 0.78 21. 2 0.67 19. 4 0.74 49.3 Impaired ADL (Mean) 48. 6 1.00 1.01 49.6 0.98 0.99 48. 6 48. 1 Psychological Problems 30.4 50.3 0.60 51.0 0.60 54. 1 0.56 51. 9 0.59

6. 2

0.76

6. 0 0. 78

6. 5

0.72

7. 3

0.64

4. 7